



PEC UPDATE

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Criteria for Omeprazole Therapy: A Multidisciplinary Approach

Military medical treatment facilities (MTFs) have used various drug use evaluation (DUE) criteria and guidelines to ensure appropriate, cost-effective prescribing of high cost, high usage medications. In PEC Update 96-12 (16 September 1996), two DUE programs for non-MTF providers were described. In this Update, another successfully implemented guideline program is described.

Introduction

The rapidly rising use of omeprazole prescriptions is familiar to pharmacists across military facilities and across the country. Mountain Home AFB Hospital experienced a substantial increase in omeprazole use beyond the PEC acid-peptic guidelines. In this age of tight budget and uncertainty, the medical and pharmacy staff at Mountain Home wanted to more efficiently manage the use of high-dollar medications; omeprazole presented a prime opportunity.

Method

Omeprazole was easily identified as a strain on the Mountain Home budget by the visible, steadily increasing number of prescriptions for this product. The cost figures for omeprazole from FY 1995 were presented to the P&T Committee; the Committee was asked to approve criteria for use (and limitation of use) of the medication. Surgeons, internists, and family practitioners were consulted for input regarding parameters for a usage regimen for the patient population. Criteria were not to be provider-specific, but instead were to encompass multiple disciplines and apply to many types of patients. The following guidelines were developed:

- The MTF pharmacy will continue to fill prescriptions for the first 4 weeks of omeprazole at 20 mg daily as presented from any provider.
- All patients requesting refills on omeprazole must present documentation of the diagnostic test supporting the need for

continued omeprazole use (e.g., endoscopy report documenting the diagnosis)

- All patients must present documentation of the failure of conservative management (e.g., 8 to 12 weeks of an H₂ blocker, along with GERD precautions, no smoking or alcohol). This documentation may be a copy of a progress note.
- The patient's prescription should include the anticipated duration of treatment.
- The treatment course may be extended to 8 to 10 weeks, or the dosage may be increased above 20 mg daily after failure or insufficient response at 20 mg daily for 4 weeks.
- This documentation may be hand-carried, mailed, or faxed to the MTF pharmacy.

The P&T Committee reviewed and approved these guidelines during the July 1996 meeting. Local and MTF physicians and physician assistants were informed that although omeprazole was the only proton pump inhibitor (PPI) on the MTF formulary, should another PPI become available, the same policy would apply. The new omeprazole policy was implemented in October 1996. The guidelines were drafted in a letter format and distributed to all military and civilian prescribing providers in the area by two methods: (1) given directly to the providers, or (2) given to the patients at the pharmacy window upon presentation of their prescription for omeprazole.

All patients who were given letters were tracked using a computer spreadsheet. As documentation pertaining to the omeprazole criteria arrived, it was entered as received and then forwarded to a member of the team of MTF providers from surgery, internal medicine, or family practice. At this point the patient was either accepted or rejected as a candidate for further omeprazole therapy. Each "case" was given to only one MTF provider to review, in order to ensure consistency and familiarity in the event of an appeal to the decision. The results of the acceptance or rejection were entered into the computer, and this information remains as the database for all omeprazole patients.

Results

Implementation of these guidelines resulted in a significant decrease in number of prescriptions filled for omeprazole. During the first 3 months these guidelines have been in effect, the following trend occurred:

Month/Year	Number of Prescriptions Filled for Omeprazole
November 1996	132
December 1996	108
January 1997	96

The average monthly usage at Mountain Home before this policy change was 140 bottles (30 capsules/bottle) per month. The average since implementation of the criteria has been 112 bottles (30 capsules/bottle) per month, a cost-avoidance of \$1,596.84 per month, or \$19,162.08 per year. Specific patient outcomes resulting from guideline implementation have not been assessed at this time.

Overall, prescribers are compliant with the request to provide documentation of tests or failures of conservative therapy in a timely fashion. Additionally, they appear to be closely scrutinizing the cases in which they write for omeprazole.

Conclusion

Providers and patients are becoming more aware of the need to be fiscally responsible when it comes to health care. Working together with providers and patients is absolutely vital to ensure success of any program to conserve resources. Education and thorough, advance explanation of the policies are the key to this project being successful so far. The implementation of this policy was an example of multidisciplinary cooperation at work.

The criteria used at Mountain Home represent a reasonable approach for managing the use of omeprazole that may work at other facilities. For further information on this project, please contact Ronald R. Stumbo, Capt, USAF, BSC at Mountain Home AFB Hospital Pharmacy at (208) 828-7480 or DSN 728-7480.

In the Literature....

Additional Practice Guidelines

American Academy of Pediatrics

Committee on Infectious disease, Committee on Fetus and Newborn. Respiratory syncytial virus immune globulin intravenous: indications for use. *Pediatrics* 1997;99:645-50.

American Psychiatric Association

American Psychiatric Association. Practice guidelines for the treatment of patients with schizophrenia. *Am J Psychiatry* 1997;154(4 Suppl):1-63.

The Expert Consensus Guideline Series, The Journal of Clinical Psychiatry

March JS, Frances A, Carpenter D, Kahn DA, editors. Treatment of obsessive-compulsive disorder. *J Clin Psychiatry* 1997;58(Suppl 4):1-73.

MEDSITE: A Link to CHCS

The Medical Systems Implementation and Training Element (MEDSITE) is part of the Human Systems Program Office located at Brooks Air Force Base. MEDSITE's overall mission is to deploy, train, and sustain Department of Defense (DOD) selected medical information systems. The Tri-Service Medical Systems Support Center (TMSSC) provides application and technical support, hardware maintenance and network monitoring services for many applications, as listed below.

Applications Supported by MEDSITE:

Composite Health Care Systems (CHCS)	
Ambulatory Data Systems (ADS)	
Defense Blood Standard Systems (DBSS)	
Prime Vendor (PV)	
Patient Administration & Biostatistics Agency (PASBA)	
Corporate Executive Information System (CEIS)	
Preventive Health Care System (PHCS)	
Euro-CHCS	Banyan Vines
GT-Products	CHCS-II

Although MEDSITE supports many applications the application of primary interest is CHCS. MEDSITE provides CHCS Functionality Training, Training Guides, and CHCS User's Guides. Development of interfaces for CHCS and other medical systems is also a function of MEDSITE. Additionally, MEDSITE develops ad hoc reports for CHCS users.

Support calls are taken 24 hours a day, 7 days a week at (800) 600-9332. CHCS users can submit requests to develop ad hoc reports through the Support Center. For additional information about MEDSITE, visit their World Wide Web page at: <<http://www.medsite.brooks.af.mil>>. MEDSITE can also be accessed through their bulletin board at (210) 536-5131 or DSN 240-5131.

Additional Journals on the Web

Various medical journals have established World Wide Web sites for readers to access publications electronically. Several medical journal Web sites were published in PEC Update 97-07 (14 April 1997). Additional medical and pharmacy journals are listed below for your information. The journal Web sites vary in content and organization, but most provide a table of contents of current and past issues.

Adis Press Publications

< <http://www.adis-usa.com/hccdocs/adisjour.html> > to access the following journals and others:

- *Clinical Pharmacokinetics*
- *Drugs*
- *Drugs and Aging*
- *Drug Safety*
- *Drugs and Therapy Perspectives*
- *Pharmacoeconomics*
- *Pharmacoeconomics and Outcomes News*
- *Reactions Weekly*

American Diabetes Association

< <http://www.diabetes.org/professionalpublications/> >
 > to access the following journals:

- *Diabetes*
- *Diabetes Care*
- *Clinical Diabetes*

American Lung Association/American Thoracic Society

< <http://www.thoracic.org/pub.html> > to access the following journals:

- *American Journal of Respiratory and Critical Care Medicine*
- *American Journal of Respiratory Cell and Molecular Biology*

American Psychiatric Association

< http://www.psych.org/libr_publ/periodicals.html >
 to access the following journals:

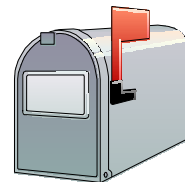
- *American Journal of Psychiatry*
- *Psychiatric Services*
- *Psychiatric News*

Other Journals of Interest:

- *American Journal of Health-System Pharmacists*
 <<http://www.ashp.org/public/pubs/ajhp/>>
- *Formulary* <<http://www.modernmedicine.com/formulary/index.html>>

- *Journal of the National Cancer Institute*
 <<http://www.jco.ncl.nih.gov/jnci/jncihome.htm>>
- *Morbidity and Mortality Weekly Report* <<http://www.cdc.gov/epo/mmwr/mmwr.html>>
- *US Pharmacist* <<http://www.uspharmacist.com/>>

Request for Updated Addresses



To facilitate mailing of the PEC Update and all other correspondence to military installations, the PEC must have current street addresses and suite or room numbers. If you have not already done so, please verify your mailing address by contacting Carol Scott (Scottie) at the PEC at (210) 295-1271 or DSN 421-1271. Alternatively, you may e-mail your current street address and suite/room number to:

Carol_Scott@smtplink.medcom.amedd.army.mil

This will ensure continued timely delivery of the PEC Update and other correspondence. Thank you for your assistance.

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